

AMENDMENT TRANSMITTAL LETTER			Docket No. 2185-0698P																																											
Application No. 10/664,355-Conf. #8070	Filing Date September 17, 2003	Examiner R. E. Ashton	Art Unit 1752																																											
Applicant(s): Masumi SUETSUGU et al.																																														
Invention: A NEGATIVE TYPE RESIST COMPOSITION																																														
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th></tr><tr><th></th><th style="text-align: center;">Claims Remaining After Amendment</th><th style="text-align: center;">Highest Number Previously Paid</th><th style="text-align: center;">Number Extra Claims Present</th><th style="text-align: center;">Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td style="text-align: center;">8</td><td style="text-align: center;">- 20 =</td><td></td><td style="text-align: center;">x</td><td></td></tr><tr><td>Independent Claims</td><td style="text-align: center;">1</td><td style="text-align: center;">- 3 =</td><td></td><td style="text-align: center;">x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/></td><td style="text-align: right;">360.00</td></tr><tr><td colspan="5">Other fee (please specify): Extension for response within second month</td><td style="text-align: right;">450.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td style="text-align: right;">810.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>810.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Credit any overpayment.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;"><p>_____ Andrew D. Merkle Attorney Reg. No.: 32,868</p><p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p></div><div style="width: 35%; text-align: right;"><p>Dated: <u>July 10, 2006</u></p></div></div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	8	- 20 =		x		Independent Claims	1	- 3 =		x		Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					360.00	Other fee (please specify): Extension for response within second month					450.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					810.00
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